DOCUMENT RESUME

ED 321 202 CG 022 647

AUTHOR Bihm, Elson
TITLE A Competency-Based Analysis of Required Skills and Training Needs of Counselors Serving Dually-Diagnosed Clients.
SPONS AGENCY American Association for Counseling and Human Development Foundation, Alexandria, VA.
PUB DATE 88
NOTE 11p.
PUB TYPE Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Client Characteristics (Human Services); Clinical Diagnosis; Competence; *Counselor Qualifications; *Counselor Training; *Mental Disorders; *Mental Retardation
IDENTIFIERS *Dual Diagnosis

ABSTRACT

Surveys (N=456) were mailed to professionals in the American Mental Health Counselors Association (AMHCA), the American Psychological Association, and the National Association of the Dually Diagnosed, and 169 surveys were returned. This study examined the skills and training needs of counselors who work with dually-diagnosed clients (in this case, those having both mental retardation and mental illness) using data collected through surveys completed by the 76 AMHCA members who reported having had some experience providing counseling services to dually-diagnosed clients. Respondents rated 35 skills, with the 10 highest rated competencies/skills being: establishing a therapeutic relationship, assessment of mental retardation and mental illness, medication effects, helping skills, treatment planning/counseling goals, psychology of mental retardation and mental illness, social skills and assertion training, professional ethics, anger management, and the phenomenology of mental retardation and mental illness. (This report includes data on demographic characteristics of respondents, primary work settings, professional degrees, and client characteristics. Table 1 lists, in rank order, the 35 skills rated by respondents. The Counseling Skills Survey and the Dual Diagnosis Survey used in the study are included.) (NB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED321202

"A Competency-Based Analysis of Required Skills and Training Needs of Counselors Serving Dually-diagnosed Clients."

by Elson Bihm, Ph.D.

BEST COPY AVAILABLE

CG 022647

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☒ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Sandi Wurtz

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

A Competency-Based Analysis of Required Skills and Training Needs of Counselors Serving Dually-Diagnosed Clients

Surveys (see attachment A) were mailed to professionals in the American Mental Health Counselors Association, the American Psychological Association, and the National Association of the Dually Diagnosed. Overall return rate was 37.06% (169 surveys returned out of 456 mailed). Return rates, based upon professional membership, were: AMHCA (90/250); APA (54/106); NADD (25/100). AMHCA members were selected from a membership roster provided by the American Association for Counseling and Development. APA members were selected on the basis of dual membership in the Divisions of Clinical and/or Counseling Psychology and the Divison of Mental Retardation. NADD members were selected at random, two from each state, from the 1985 membership directory.

The present analysis will be based upon surveys returned by AMHCA members (n=76) reporting having had some experience providing counseling services to dually diagnosed clients (those having mental retardation and mental illness).

Of this sample of AMHCA members, 30 were female (41.7%) and 42 were male (58.3%). There were 12 members (16.4%) in the age range of 21-30; 17 members (23.3%) in the age range of 31-40; 30 members (41.1%) in the age range 41-50; nine members (12.3%) in the age range of 51-60; and five members (6.8%) who were older than 60.

Primary work settings included: Private Practice, 30 (39.5%); CMHC, 20(26.3%); Psychiatric Institutions, six(7.9%); Community Program for Developmentally Disabled Clients, five(6.6%); Institution for Developmentally Disabled, one (1.3%); Medical Facility, eight(10.5%); Academic Setting, nine(11.8%); Business/ Industry, four(5.3%); Student, four(5.3%).

Regarding graduate degrees, 19(25%) reported having received Ph.D.'s, 56 (73.7%) had Master's degrees, and one(1.3%) had a Bachelor's Degree. Respondents had received degrees in Counseling (42,55.3%), Counselor Education or Education (13,17.1%), Psychology 17,22.4%), Social Work (five, 6.6%), Medicine or nursing (five, 6.6%), and Rehabilitation Counseling (four, 5.3%). Of those AMHCA members, one(1.3%) had received his/her highest degree from 1949 to 1958; two(2.7%) from 1959 to 1968; 34(45.3%) from 1969 to 1978; 38(50.7%) from 1979 to 1988.

Of the AMHCA respondents, 16(22.2%) reported providing services to clients who ranged from birth to 5 years of age; 46(61.3%) to clients six to 18 years of age; 60(82.2%) to clients 19 to 25 years of age; 68(91.9%) to clients older than 25. The survey indicated that 66(86.8%) of the respondents had less than 25% of their clients who, over the years, had a dual diagnosis; 6(7.9%) reported having 26% to 50% of such clients in their caseloads; four(5.3%) reported having 51 to 75%. Also, regarding the number of years contact with such clients, 15(19.7%) reported having less than one year contact; 32(42.1%) had one to five years, 13(17.1%) had six to ten years, while 16(21.1%) had more than ten years contact with this population.

Analysis of Data

Although the differences between professional groups is not the thrust of the present analysis, it is interesting to note that there were few overall differences between AMHCA, the APA, and the NADD in terms of their scalings of the importance of the various competencies. In fact, there were only 5 significant differences between the AMHCA and the APA, as determined by Tukey's HSD (with probability set at $p < .01$): The AMHCA respondents rated the following skills/competencies as more important: client centered counseling, gestalt counseling, psychoanalytic counseling, transactional analysis, and counseling persons with substance abuse problems. This difference can be explained perhaps in terms of the greater "counseling" emphasis placed in the training programs of AMHCA members.

Table 1 lists, in rank order, the 35 skills which were given an average rating of four or more by the AMHCA respondents (a rating of four was equivalent to "moderately significant"). Also listed are the average ratings of the perceived adequacy of the training those counselors reported having received in their training programs. The ten highest rated comptencies/skills were: establishing a therapeutic relationship, assessment of mental retardation and mental illness, medication effects, helping skills, treatment planning/counseling goals, psychology of mental retardation and mental illness, social skills and assertion training, professional ethics, anger management, and the phenomenology of mental retardation and mental illness.

Table 1

Responses by AMHCA Members to items regarding the importance of skills/compentencies and the adequacy of training

Item	Importance Mean (Standard Deviation)	Training Mean (Standard Deviation)
1. Establishing a therapeutic relationship (empathy, warmth, and genuineness)	6.21(1.00)	6.04(1.10)
2. Assessment of mental retardation/ mental illness	6.17(1.09)	4.26(1.83)
3. Medication effects (and side effects)	6.01(1.13)	3.04(1.72)
4. Helping skills--verbal (e.g., listening interpreting, informing, and confronting)	6.05(1.09)	5.89(1.27)
5. Treatment planning/ counseling goals	6.08(.99)	4.91(1.55)
6. Psychology of mental retardation and mental illness	6.08(1.14)	3.90(1.83)
7. Social skills and assertion training	5.86(.78)	3.64(1.49)
8. Professional ethics	5.79(1.41)	5.51(1.46)
9. Anger management	5.72(.87)	3.68(1.54)
10. Phenomenology of mental retardation and mental illness	5.70(1.30)	3.70(1.63)
11. Counseling persons with affective disorders (including suicidal individuals)	5.60(1.13)	4.39(1.41)
12. Counseling the victims of physical and sexual abuse	5.53(1.31)	3.05(1.68)

13. Role playing and behavioral rehearsal	5.51(1.16)	4.72(1.41)
14. Counseling persons with conduct disorders	5.41(1.25)	3.93(1.48)
15. Counseling persons with anxiety disorders	5.37(1.20)	4.36(1.36)
16. Rehabilitation Counseling	5.35(1.33)	3.68(1.82)
17. Community-state-federal agencies	5.29(1.34)	3.54(1.90)
18. Counseling persons with substance abuse problems	5.29(1.31)	3.73(1.61)
19. Counseling persons who physically or sexually abuse others	5.24(1.39)	2.92(1.61)
20. Homework assignment and contracting	5.23(1.84)	4.30(1.63)
21. Advocacy groups	5.21(1.31)	3.29(1.76)
22. Counseling persons with psychosis	5.17(1.29)	3.30(1.57)
23. Cognitive-behavior therapy/counseling	5.07(1.29)	5.00(1.60)
24. Counseling persons with sexual disorders	5.04(1.28)	3.15(1.43)
25. Legal issues	4.93(1.44)	3.69(1.68)
26. Stress management	4.91(1.19)	4.19(1.71)
27. Client-centered therapy/counseling	4.85(1.45)	5.84(1.06)
28. DSM III-R	4.85(1.49)	3.56(1.83)
29. Marriage/family counseling	4.83(1.22)	4.49(1.72)
30. Group counseling	4.70(1.35)	5.18(1.61)
31. Gender-related problems	4.64(1.22)	3.64(1.49)
32. Career counseling	4.54(1.60)	4.18(1.86)

33. Systematic desensitization and covert conditioning	4.47(1.31)	4.12(1.56)
34. Age-related problems	4.43(1.21)	3.57(1.75)
35. Race-related problems	4.01(1.21)	3.36(1.78)

A SURVEY OF SKILLS

This survey is being sent to you in order to better understand the counseling skills needed to effectively serve clients with a dual-diagnosis (in this case, clients with mental retardation and a significant psychiatric disorder). Please answer all the questions even if you do not regularly serve this population. If you wish to comment on any question or qualify your answer, please feel free to write on the questionnaire. Your comments will be read and taken into account.

Thank you for your help.

COUNSELING SKILLS SURVEY

Question A

Following is a list of activities-competencies and/or knowledge that may be required for counseling persons who have both a diagnosis of mental retardation and a psychiatric disorder(s). For each item, rate the extent to which it is significant for effective job performance in providing counseling services to dually-diagnosed clients.

Rate each item's significance by circling the appropriate number according to the following scale:

1	2	3	4	5	6	7
Not at All			Moderately Significant			Extremely Significant

1. Psychology of mental retardation and mental illness..... 1 2 3 4 5 6 7
2. Phenomenology of mental retardation and mental illness..... 1 2 3 4 5 6 7
3. DSM-IIIR (Diagnostic and Statistical Manual-Revised). 1 2 3 4 5 6 7
4. Medication effects (and side effects)..... 1 2 3 4 5 6 7
5. Marriage/family counseling..... 1 2 3 4 5 6 7
6. Rehabilitation counseling..... 1 2 3 4 5 6 7
7. Career counseling..... 1 2 3 4 5 6 7
8. Gender-related problems..... 1 2 3 4 5 6 7
9. Race-related problems..... 1 2 3 4 5 6 7
10. Age-related problems..... 1 2 3 4 5 6 7
11. Community/state/federal agencies..... 1 2 3 4 5 6 7
12. Legal issues..... 1 2 3 4 5 6 7
13. Advocacy groups..... 1 2 3 4 5 6 7
14. Professional ethics..... 1 2 3 4 5 6 7
15. Assessment of mental retardation and mental illness..... 1 2 3 4 5 6 7
16. Treatment planning/counseling goals..... 1 2 3 4 5 6 7
17. Group counseling..... 1 2 3 4 5 6 7

Question B

The items listed in Question A are repeated below. For each item, rate the extent to which your graduate program (including internship) provided training.

Rate each item by circling the appropriate number according to the following scale:

0	1	2	3	4	5	6	7
No Training Provided	Very Inadequate			Adequate			Very Adequate

1. Psychology of mental retardation and mental illness..... 1 2 3 4 5 6 7
2. Phenomonelogy of mental retardation and mental illness..... 1 2 3 4 5 6 7
3. DSM-IIIR (Diagnostic and Statistical Manual-Revised). 1 2 3 4 5 6 7
4. Medication effects (and side effects)..... 1 2 3 4 5 6 7
5. Marriage/family counseling..... 1 2 3 4 5 6 7
6. Rehabilitation counseling..... 1 2 3 4 5 6 7
7. Career counseling..... 1 2 3 4 5 6 7
8. Gender-related problems..... 1 2 3 4 5 6 7
9. Race-related problems..... 1 2 3 4 5 6 7
10. Age-related problems..... 1 2 3 4 5 6 7
11. Community/state/federal agencies..... 1 2 3 4 5 6 7
12. Legal issues..... 1 2 3 4 5 6 7
13. Advocacy groups..... 1 2 3 4 5 6 7
14. Professional ethics..... 1 2 3 4 5 6 7
15. Assessment of mental retardation and mental illness..... 1 2 3 4 5 6 7
16. Treatment planning/counseling goals..... 1 2 3 4 5 6 7
17. Group counseling..... 1 2 3 4 5 6 7
18. Establishing a therapeutic relationship (e.g., empathy, warmth, and genuineness)..... 1 2 3 4 5 6 7

DUAL DIAGNOSIS SURVEY

I. Demographic Information
   A. Age: 21-30 _____ (_____)
   31-40 _____ (_____)
   41-50 _____ (_____)
   51-60 _____ (_____)
   60 + _____ (_____)
   B. Sex: Female _____ (_____)
   Male _____ (_____)
   C. Primary Work Setting:
   1. Private practice _____ (_____)
   2. Community mental health center _____ (_____)
   3. Psychiatric institution _____ (_____)
   4. Community program for developmentally disabled clients _____ (_____)
   5. Institution for developmentally disabled _____ (_____)
   6. Medical facility _____ (_____)
   7. Academic setting _____ (_____)
   8. Business/industry _____ (_____)
   9. Other (specify) _____ (_____)

II. Professional Credential
   Are you currently credentialed and/or licensed by any state or national board? Yes _____ No _____ (_____)
   If yes, please specify _____
   _____
   _____

III. Degree Level
   A. Ph.D.? Yes _____ No _____ (_____)
   B. Master's degree? Yes _____ No _____ (_____)
   C. Bachelor's degree? Yes _____ No _____ (_____)
   D. Associate degree? Yes _____ No _____ (_____)

IV. Degree Obtained In:
   A. Psychiatry _____ (_____)
   B. Counseling _____ (_____)
   C. Counselor education _____ (_____)
   D. Psychology _____ (_____)
   E. Social Work _____ (_____)
   F. Rehabilitation Counseling _____ (_____)
   G. Other (specify): _____ (_____)

V. When was your degreee obtained:
   A. Before 1949 _____ (_____)
   B. 1949-1958 _____ (_____)
   C. 1959-1968 _____ (_____)
   D. 1969-1978 _____ (_____)
   E. 1979-1988 _____ (_____)

VI. Are you employed as a:
   A. Psychiatrist? Yes _____ No _____ (_____)
   B. Counselor? Yes _____ No _____ (_____)
   C. Psychologist? Yes _____ No _____ (_____)
   D. Social Worker? Yes _____ No _____ (_____)
   E. Other (specify) _____ (_____)